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SERIAL NUMBER	FILING DATE	FIRST NAMED APPLICAN	т	ATTORNEY DOCKET NO.
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	I	EXAMINER INTERVIEW SUMMARY REC		•
II participants (applican	t, applicant's representa	tive, PTO personnel):		
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) Corsque	O + 4	(3) 30		
!) Y/ growne	A A	(4)		
rate of interview	(-3-94			
ype: 🗌 Telephonic	☐ Personal (copy is gi	ven to 🗌 applicant 🔎 applicant's representati	ve).	
xhibit shown or demons	stration conducted:	Yes No. If yes, brief description:		
Claims discussed:	- 7/ 2 7 3	- 8 ⁷		
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fuller description, if tached. Also, where no	necessary, and a copy o copy of the amendment	of the amendments, if available, which the examin s which would render the claims allowable is availa	/ ner agreed would rer able, a summary ther	nder the claims allowable must leef must leef must be attached.)
OT WAIVED AND MU	IST INCLUDE THE SU	to indicate to the contrary, A FORMAL WRITT BSTANCE OF THE INTERVIEW (e.g., items 1 – licant is given one month from this interview date	7 on the reverse side	of this form). If a response to t
☐ It is not necessary	for applicant to provide	a separate record of the substance of the interview	v.	
requirements that	r's interview summary a may be present in the l ents of the last Office ac	above (including any attachments) reflects a compast Office action, and since the claims are now all tion.	plete response to eac owable, this complet	ch of the objections, rejections are ed form is considered to fulfill the

PTOL-413 (REV. 1-84)

Examiner's Signature